

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000002199**

1. Entity Name

EQUIPMENT FINANCE, INC.**FILED**
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90286 038 ***150.00

Principal Place of Business

PO BOX 5366
LANCASTER VA 17606-5366

Mailing Address

PO BOX 5366
LANCASTER VA 17606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1946698

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	STRATTON, JAMES W	
STREET ADDRESS	118 WEST AIRPORT RD., SUITE A	
CITY-ST-ZIP	LITITZ PA 17543	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRATTON, FRANK T	
STREET ADDRESS	118 WEST AIRPORT RD., SUITE A	
CITY-ST-ZIP	LITITZ PA 17543	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	GRANER, GEORGE W	
STREET ADDRESS	118 WEST AIRPORT RD., SUITE A	
CITY-ST-ZIP	LITITZ PA 17543	
TITLE	D	<input type="checkbox"/> Delete
NAME	DETWILER, JOHN T	
STREET ADDRESS	118 WEST AIRPORT RD., SUITE A	
CITY-ST-ZIP	LITITZ PA 17543	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTEY, JOHN S	
STREET ADDRESS	118 WEST AIRPORT RD., SUITE A	
CITY-ST-ZIP	LITITZ PA 17543	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEFFERNAN, GERARD E	
STREET ADDRESS	118 WEST AIRPORT RD., SUITE A	
CITY-ST-ZIP	LITITZ PA 17543	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SR. VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. SCHLAGER	
STREET ADDRESS	118 WEST AIRPORT ROAD	
CITY-ST-ZIP	LITITZ, PA 17543	
TITLE	SR. VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH M. BRAAS	
STREET ADDRESS	118 WEST AIRPORT ROAD	
CITY-ST-ZIP	LITITZ, PA 17543	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY C. MUSSER	
STREET ADDRESS	118 WEST AIRPORT ROAD	
CITY-ST-ZIP	LITITZ, PA 17543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY C. Musser 4/28/00

Date

717-569-8761

Daytime Phone #

CR2E034 (9/99)